·								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO												
Effective October 1, 2003								10755996				
								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			19				i	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			19 minus 20=					X\$ 9=	:	OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =					X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	,	TOTAL	385	OR	TOTAL	
٠	С	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column 2)			(Column 3)		SMAL	L ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*.	Minus	***		=		X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		l þ	145		1	+290=	
		•					L	+145=		OR	TOTAL	
						(0.1	F	ADDIT. FE		OR ,	ADDIT. FEE	
		' (Column 1) CLAIMS		(Colun		(Column 3)] r		I ADD)	1 1		ADD:
<i>5</i>		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		!	+145=		OR	+290=	
							L	TOTAL		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)			•			
ENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
`_	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		-			OH		
# If the patry in pality and is location than the patry in pality and the first in pality and										OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. *** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r four	nd in the a	ppropriate box	in colu	umn 1.	